

OFFICE/RETAIL INCOME AND EXPENSE SURVEY

FOR THE 2004 CALENDAR YEAR

City of Falls Church



Return to: City of Falls Church
Real Estate Assessor's Office, 104-W
300 Park Avenue
Falls Church, Virginia 22046-3301

Voice: (703) 248-5107 (TTY 711)
 Fax: (703) 248-5184
 Email Address: realestate@fallschurchva.gov
 On the internet: www.fallschurchva.gov

The Income and Expense information must be placed on this form. No alternative forms may be used. A detailed set of instructions is part of this survey. These instructions are provided to assist you in completing the form. If you should have any questions or need assistance, please contact our office.

A Debt Service Information (within last 5 years)						
	Loan Amount	Loan Date	Term	Interest Rate %	Payment (P & I)	Payment Frequency (Mo. or Yr.)
1.						
2.						
Has there been a professional appraisal on this real property in the last five years? [] Yes [] No						

B Certification	
	OFFICIAL REQUEST: TITLE 58.1-3294 CODE OF VIRGINIA State law requires certification by the owner or officially authorized representative.
	<i>Please print or type all information except signature.</i>
1.	Name of management company _____
2.	Address _____
3.	Contact Person _____ Phone _____
4.	Email Address _____
	All information including the accompanying schedules and statements have been examined by me and to the best of my knowledge and belief are true, correct, and complete.
5.	Signature (required) _____ Date _____
6.	Print name _____
7.	Title _____

For Office Use Only - - Do Not Write Below this Line

	Survey Entered	Survey Verified	Survey Stabilized	Rents Entered	NBHD #	Received Date Entered	Owner Occupied
DATE							
INITIAL						Check above box if yes	Check above box if yes

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C	Vacancy Information 1. Space vacant January 1 (2005) _____ Sq. Ft. Rentable 2. Space vacant January 1 (2004) _____ Sq. Ft. Rentable 3. Income loss from vacancy (reporting period) _____ 4. Income loss from bad debts (reporting period) _____ 5. Current market rent per sq. ft. for vacant space _____
D	Annual Income Income for Period _____ <u>2004</u> to _____ <u>2004</u> <div style="display: flex; justify-content: space-around; width: 100%;"> mo day yr mo day yr </div> Primary Rental Income _____ Sales of Utilities _____ Rent Overage / % Rent _____ Common Area Maintenance Reimbursement _____ Interest Income _____ Insurance Reimbursement _____ Operating Expense Reimbursement _____ Real Estate Tax Reimbursement _____ Parking Income _____ Antenna / Telecommunication Income _____ Other Rental Income (specify) _____ Miscellaneous Income (specify) _____ Total Actual Income _____
E	Capital Improvements, Renovations, Leasing Commissions, Tenant Improvements Have there been Capital Improvements or Capital Renovations to the property during this <u>reporting period</u> : Yes_____ No_____. If yes, please provide total cost here and attach a detailed list on separate page. <u>Total Capital Cost</u> _____ Does the property currently have any deferred maintenance? If yes, please provide the total cost to cure and provide an itemized list of the individual items along with cost estimates. <u>Total Deferred Maintenance</u> _____ What were the total <u>Leasing Commissions</u> paid during this reporting period? _____ What were the total <u>Tenant Improvement Costs</u> paid during this reporting period? _____ <u>New Construction</u> – Submit most recent AIA documents G702 and G703 with all associated soft costs.

F	Annual Operating Expenses	
	1.	<u>Utilities</u>
		Water and Sewer _____
		Electricity _____
		Other Utilities _____
	2.	<u>Maintenance and Repair</u>
		Maintenance Payroll/Supplies _____
		HVAC Repairs _____
		Electric/Plumbing Repairs _____
		Elevator Repairs _____
		Roof Repairs _____
		Common Area / Exterior Repairs _____
		Decorating (carpet, paint, etc.) _____
		Other Repairs / Maintenance (specify) _____
	3.	<u>Management and Administrative</u>
		Management Fees _____
		Other Administrative/Payroll _____
	4.	<u>Services</u>
		Janitorial/Cleaning _____
	Landscape (grounds maintenance) _____	
	Trash _____	
	Security _____	
	Window Cleaning _____	
	Snow Removal _____	
	Other Services (specify) _____	
5.	<u>Insurance and Taxes</u>	
	Insurance (one year) _____	
	Other Taxes, Fees, HOA: (Do not include Real Estate Taxes) _____	
	Total Operating Expenses _____	
G	NET OPERATING INCOME	
	Total Actual Income less Total Expenses before Real Estate Taxes _____	
H	REAL ESTATE TAXES _____	

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OFFICE/RETAIL PROPERTY

TENANT/SPACE INVENTORY AS OF JANUARY 1, 2006

[illegible]

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